

☐ 4/29/03 ☐ 10/28/03

STATE OF HAWAII
APPLICATION FOR DISTRIBUTION SYSTEM OPERATOR CERTIFICATION
REGULAR, RECIPROCITY, CONDITIONAL OR TEMPORARY
(Please print clearly in ink or type information)

SECTION A: GENERAL INFORMATION

**Note: Applications for exams are due
3 months before the exam date.**

Last Name First Name Middle Initial

Street, Box, or Route

☐ new address?

City and State Zip Code

Business Phone No. Fax No. Social Security No.

PWS I.D. Water System

SECTION B: TYPE OF APPLICATION (choose one, and indicate grade)

- ☐ Regular Certification - \$20 (w/exam \$50) ☐ Conditional Certification - \$40 (w/exam \$70)
Grade ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ exam Grade ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ exam
- ☐ Reciprocity Certification - \$50 (attach ☐ Temporary Certification - \$40 (w/exam \$70)
Grade ☐ 1 ☐ 2 ☐ 3 ☐ 4 current certificate) Grade ☐ 2 ☐ 3 ☐ 4 ☐ exam
- ☐ Operator-in-Training - \$40

SECTION C: WORK EXPERIENCE

Summary of distribution system (DS) operating experience (most recent first).

Water Purveyor	Job Title	From (month year)	To (month year)	Duration (yrs. mos.)
1 .				
2 .				
3 .				
4 .				
		TOTAL DURATION		

You may duplicate the DS operator work experience record form on page 3 as needed. Complete the form for your present position. For previous applicable work experience, complete a separate experience record for each position or job held. **Resumes or job descriptions will be considered optional information and can not substitute for the work experience record form.** Additional information may be placed on separate sheets, numbered, and attached to the application.

SECTION D: EDUCATION

1. Name and location of high school attended: _____ Highest grade completed: _____

Complete and mail to:

Board of Certification of Public Water System Operators
Department of Health, EMD
Safe Drinking Water Branch
919 Ala Moana Blvd., Room 308
Honolulu, HI 96814-4920

DO NOT WRITE IN THIS SPACE

Date Received: _____
Amount Received: _____
Date Accepted: _____
Date Denied: _____
Date Exam or Reciprocity Certificate
Fee Received: _____
Amount Received: _____

SECTION D: EDUCATION (cont.)

2. College or University, Graduate School, In-service training

Name & Address	Course or Major Field of Study	# of Hours or Credits		Kind of Degree, Diploma, or Certifi- cate Received
		Sem	Qtr	

Attach official copy of university or college transcripts for each institution attended, if not previously submitted.

SECTION E: SIGNATURE

I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that knowingly making false statements may result in revocation of any certificate granted to me under the provisions of Hawaii Administrative Rules, section 11-25-9(a).

I also consent to allow the Board to investigate and verify my employment record and other statements for the purpose of determining my qualifications for certification examination.

(Signature of Applicant)

(Date)

As a final check:

- ☐ Have you enclosed the application fee? (Cashier's Check or Money Order only, payable to the STATE OF HAWAII).
- ☐ Have you completed all personal history items, and completed the work experience form for each position held in distribution system operation? **Has your supervisor signed the form?**
- ☐ Do you meet the minimum work experience requirements for the grade for which you've applied?

General information:

1. Submit the application fee and exam fee, if applicable. Attach a Cashier's Check or Money Order payable to the STATE OF HAWAII. The application fees are as follows: regular certification (\$20); regular certification with exam (\$20 + \$30); reciprocity (\$50); temporary or conditional (\$40), w/exam (\$40 + \$30). **DO NOT SEND CASH THROUGH THE MAIL.**
2. You must complete the application in full. The Board will only act upon applications which are complete and are accompanied by the application fee and exam fee (if applicable).
3. **You are responsible for reporting your mailing address and telephone number changes to the Board.**

APPLICATION FOR DISTRIBUTION SYSTEM OPERATOR CERTIFICATION Page 3
REGULAR, RECIPROCITY, CONDITIONAL OR TEMPORARY

(Please print clearly in ink or type information)

DISTRIBUTION SYSTEM OPERATOR
WORK EXPERIENCE RECORD (current or previous position)

a. Name: _____ Your Title: _____

DS Work Experience at this position: From: _____ To: _____ Duration: _____
Month Year Month Year Years Months

Water Purveyor: _____

Water Purveyor's Address: _____

_____ Phone No.: _____

Supervisor's Name/Title: _____

Supervisor's Signature: *I certify that the applicant's work experience statement for this position is correct.* _____ (name) _____ (date)

b. DS Operator Experience and Duties (you must summarize your experience in this space, attach additional sheets as necessary): _____

Avg. hours/day spent performing these duties: _____ No. of employees you supervise: _____

c. Size of Water System Served by the DS: Population Served: _____
No. of Water Services _____ Average Daily Water Usage _____ MGD

d. Water System Complexity - Provide a brief description of the water system. Describe source, transmission system, and water treatment processes.
